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PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BUREAU OF VITAL STATISTICS			ARIZONA STATE BOARD OF HEALTH			STANDARD CERTIFICATE OF DEATH					
1. PLACE OF DEATH			State File No. <u>245</u>			Registered No. <u>722</u>					
County <u>Maricopa</u>			State <u>Arizona</u>			District or Township _____ or Village _____					
City <u>Phoenix</u>			No. <u>Watkins Rd.</u>			St. _____ Ward _____					
2. FULL NAME <u>John H. Hardin</u>			(If death occurred in a hospital or institution, give its NAME instead of street and number).								
(a) Residence, No. <u>1331 N. 9th Ave.</u>			St. _____ Ward _____			(If non-resident, give city or town and State)					
Length of residence in city or town where death occurred <u>42</u> yrs. mos. ds.			How long in U. S. if of foreign birth? yrs. mos. ds.								
PERSONAL AND STATISTICAL PARTICULARS						MEDICAL CERTIFICATE OF DEATH					
3. SEX <u>Male</u>		4. COLOR or RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED or DIVORCED <u>Married</u>		16. DATE OF DEATH <u>May 20 - 1928</u>					
5a. If married, widowed or divorced HUSBAND of <u>Ella Hardin</u> (or) WIFE of _____		6. DATE OF BIRTH (month, day and year) <u>Jan 2 - 1850</u>		7. AGE <u>78</u> Years <u>4</u> Months <u>18</u> Days		17. I HEREBY CERTIFY. That I attended deceased from <u>April 23, 1928</u> to <u>May 20, 1928</u> , that I last saw him live on <u>May 20, 1928</u> and that death occurred, on the date stated above, at <u>10:10 P.M.</u> The CAUSE OF DEATH* was as follows:					
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business or establishment in which employed (or employer) _____ (c) Name of employer _____		9. BIRTHPLACE (city or town) (State or country) <u>Alabama</u>		10. NAME OF FATHER <u>William Hardin</u>		18. Where was disease contracted? <u>Influenza</u> (duration) yrs. mos. ds. <u>2</u> yrs. <u>2</u> mos. <u>2</u> ds.					
11. BIRTHPLACE OF FATHER (State or country) <u>Utah</u>		12. MAIDEN NAME OF MOTHER <u>Nancy Lee</u>		13. BIRTHPLACE OF MOTHER (State or country) <u>Utah</u>		CONTRIBUTORY (Secondary) <u>Chronic Hypertension</u> (duration) yrs. mos. ds. <u>10</u> yrs. <u>0</u> mos. <u>0</u> ds.					
14. Informant (Address) _____		15. Filed <u>5-25</u> , 1928. <u>[Signature]</u> Registrar.		19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Greenwood Memorial Park</u>		20. UNDERTAKER <u>H. M. Maus</u>					
				DATE OF BURIAL <u>May 23-1928</u>		ADDRESS <u>311 N. 13th Ave.</u>					